

Testimony in Support of SB 68

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Thank you Senator Shirkey and members of the Health Policy Committee for this opportunity to speak in support of Senate Bill 68. I have been a Nurse Practitioner for 26 years, practicing all of those years in Michigan and in primary care. I have practiced primarily in nurse managed centers affiliated with Wayne State University and primary care clinics for the uninsured in Detroit. I am also the Interim Associate Dean for Academic and Clinical Affairs and Associate Professor from Wayne State University College of Nursing where I directed the nurse practitioner programs for 13 years. *I am currently the Co-Principal Investigator of the Michigan Area Health Education Center.* My comments today will be directed mainly toward Nurse Practitioners, and patient-centered team based care that is consistent with my experience and expertise.

SB 68 will not expand the scope of practice of Advanced Practice Registered Nurses or APRNs. It will simply bring each APRN's specific and narrow scope of practice into alignment with what is currently required of every nursing graduate in order to pass National Certification Boards. This legislation does not fragment healthcare, nor will it create silos for APRN practice. Like all healthcare professions, communication among providers and working together to best meet the needs of our patients is a professional ethic for all of us-- and one that cannot be regulated.

In recent years, there has been a national call to focus on "team based care." **The nursing community believes the best care comes from a patient-centered team based model of care**, which places the patient at the center of the team. This model uses the patient's healthcare needs to determine what healthcare professional should be the "leader" of that patient's team. APRNs believe in a care delivery that integrates diverse healthcare providers, often from different disciplines, around the specific needs of the patient. Under this approach, the lead healthcare provider of the team is determined by the needs of the patient at the point of care, not by the healthcare provider.

Opponents of SB 68 claim that this legislation will destroy team based models of care. In fact, if SB 68 were to pass, APRNs will continue to remain an integral part of the patient-centered care team. SB 68 promotes patient centered team-based care by defining APRN scope of practice and removing barriers to practice which will allow APRNs to become more effective team members by practicing to the fullest extent of their advanced graduate education. As in any team- whether you are referring to sports or healthcare- the team's ultimate success rests on all players performing at their full potential.

You may have also heard the medical community's call to mandate **physician-led team based models of care**. Only one state has the requirement of physician-led teams, which is Virginia and it is considered the most restrictive state in the nation due to this mandate in statute. Mandating that one profession be the leader of a team would limit flexibility and create further workforce bottlenecks. Patient-centered team based care is not a "one size fits all model" of care. Rather, the most effective health care teams are dynamic, with the needs of the patient directing who is the best leader, and in many cases, that best leader is the patient. I would like to give one example of a flexible team, the anticoagulation therapy team. Due to the complexity of anticoagulation therapy, multiple clinics have been developed around Michigan. These clinics offer services by nurse practitioners, physician assistants, physicians and pharmacists, and the vast majority are **led by pharmacists** because of their extensive expertise in pharmacotherapeutics and pharmacokinetics. If they were mandated to be physician-led, the discipline with the most expertise would not be leading the team.

You might be wondering, what does team based care actually look like? While no two team based care models look the same, there are common activities within the conceptual framework of team based care. These include, but are not limited to: conducting daily “huddles” which are clinical discussions with members of the patient’s healthcare team, conducting rounds with the patient’s team, and holding team meetings with patients and their families.

As an example, in 2012, Wayne State University College of Nursing was part of a \$1.5 million grant awarded to the Michigan Department of Community Health (MDCH) by HRSA (*the U.S. Health Resources and Services Administration*). Along with Grand Valley State University, the Michigan Area Health Education Center, and the Michigan Health Council, we developed and tested an APRN team based care approach for obese children, students, and adults. The project was designed to improve health outcomes in two medically underserved areas in Michigan--*Detroit and Grand Rapids*. The teams were located at two university-affiliated nurse-managed primary care clinics (*Wayne State University Campus Health Center and the Grand Valley State University Family Health Center*), and included health professionals from nursing, medicine, social work and dietetics. All team members were trained in the use of daily huddles, team communication and trust building strategies. All team members were flexible and allowed the patient needs to drive the team leader role. For example, if the patient’s needs were primarily advice on diet and nutrition, the team is led by the dietician; if however the patient’s needs are management of his or her blood pressure, as well as weight loss, the nurse practitioner leads the team. As research suggests, the most effective teams are those in which the leadership varies with the patient’s needs.

In closing, the appropriate practice by any healthcare team member, including APRNs, should not be limited by a mandated physician-led team, especially in underserved rural areas. As health care providers our goal should be to provide the appropriate care by the right healthcare professional at the right time as determined by what the **patient** may need **not by the needs of one profession**.

Again, thank you for this opportunity to present to you. We are happy to answer any questions you may have.

Words in *italics and in red* were not read today.